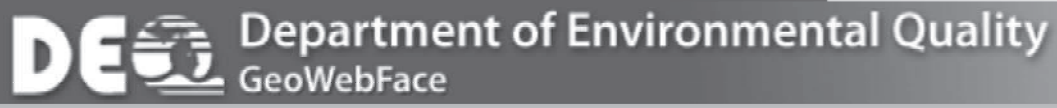


Pre:

This is the application I signed to you
about last night. I have filled in the
the reason for the move off of the
standard location and everything is in
order if the statements and signed
agreement from the office can be made
is satisfactory. Either Jack Vhl, Champ
Hillard or a representative will be
in with the agreement and will want
the permit.

Bob.



WELL SUMMARY REPORT

API NO: 21-163-62000-00-00
PERMIT NO: 61290

Operator SAVOY ENERGY LP			Well OTTER 1-19		
Permit Issued	Drilling Started 2018-01-23	Well Completed 2018-01-24	Well Type	Well Status	
Surface Location County Name WAYNE			Township HURON		
Town Range Section		QTRQTRQTR NWNENW		Latitude 42.1217443	Longitude -83.4141833
Bottom Location County Name WAYNE			Township HURON		
Town Range Section		QTRQTRQTR		Latitude 42.124511	Longitude -83.414235
Well Elevations: Ground: 625, Derrick Floor: 636, Kelly Bushing: 637			Depths Measured From:		
Formation at Total Depth			Drilled Total Depth 3100	True Vertical Total Depth	

**RECORD OF WELL DRILLING OR DEEPENING**

Required by authority of Part 615 Supervisor of Wells or Part 625 Mineral Wells, of Act 451 PA 1994, as amended. Non-submission and/or falsification of this information may result in fines and/or imprisonment.

Permit number/Deepening number

61290

(Submit within 60 days of drilling completion.)

☒ Part 615 Oil/Gas Well ☐ Part 625 Mineral Well

Name and address of permittee

Savoy Energy, L.P.
P.O. Box 1560
Traverse City, MI 49685

Name and address of drilling contractor

Consolidated Drilling Company, LLC
P.O. Box 1076
Traverse City, MI 49685

Date drilling began

1/11/18

Date drilling completed

1/23/18

Total depth of well

Driller 3100 Log 3095

Formation at total depth

Black River

Elevations

K.B. 636.8 ft. R.F. 635.8 ft. R.T. 635.8 ft. Grd 624.9 ft

API number

21-163-62000-00-00

Well name and number

Otter 1-19

Surface location

NW 1/4 of NE 1/4 of NW 1/4 Section 30 T4S R9E

Township

Huron

County

Wayne

Footages

North/South

East/West

222 ft. from North line and 1991 ft. from West line of sec.

Directionally drilled (check one)

☒ Yes ☐ No

Previous permit numbers

Subsurface location (if directionally drilled)

NW 1/4 of SE 1/4 of SW 1/4 Section 19 T 4S R 9E

Township

Huron

County

Wayne

Footages

North/South

East/West

787 ft. from South line and 2010 ft. from West line of sec.

Feet drilled - cable tools

from to

Feet drilled - rotary tools

from 0 to 3100'

Casing, Casing Liners and Cementing, Operating Strings**Water Fill Up (F.U.) or Lost Circulation (L.C.) (X)**

Size	Where set	Cement	T.O.C.	Ft. pulled	Formation	F.U.	L.C.	Depth	Amount
16"	40'	Driven	Surface						
11 3/4"	246'	210 sx Cl A	Surface						
8 5/8"	1050'	150 sx Lite	Surface						
		150 sx Cl A w/							
		3% CaCl2							

Gross Pay Intervals**All Other Oil and Gas Shows Observed or Logged**

Formation	Oil or Gas	From	To	Formation	Oil or Gas	Depth	Sam- ples	Where Observed (X)	Odor	Pits	Mud Line	Gas Log	Fill Up
N/A													

Depth Correction**Deviation Survey****Plugged Back**

Depth	Correction	Run at	Degrees	Yes	No	Depth
N/A						

Geophysical / Mechanical Logs (list each type run)

Brand	Log types	Logged intervals
Baker Hughes	Comp Z-Densilog/Neutron/Gamma Ray	0-3095

Notice: Report complete sample and formation record, coring record, and drill stem test information on reverse side.

CERTIFICATION "I state that I am authorized by said owner. This report was prepared under my supervision and direction. The facts stated herein are true, accurate and complete to the best of my knowledge."

Date 4/10/18 Name and title (print) Jack Rokos, Operations Manager Signature *Jack Rokos, BSW*

Mail original within 60 days after drilling completion to: Oil, Gas, and Minerals Division, Michigan Department of Environmental Quality,
P.O. Box 30256, Lansing, MI 48909-7756
Or submit via email to deq-geologicalrecords@michigan.gov

FORMATION RECORD

Attach additional sheets if necessary

API number

Permit number/Deepening number

61290

Elevation used

Geologist name

636.8 KB

Matthew Stachnik

Tops taken from

☐ Driller's log☐ Sample log☒ Electric log

Formation			Formation		
From	To	(type, color, hardness)	From	To	(type, color, hardness)
Note: if well directionally drilled, add true vertical depth formation tops where appropriate					
78 MD	78 TVD	Sylvania			
794 MD	779 TVD	G Unit			
952 MD	925 TVD	E Unit			
1067 MD	1031 TVD	C Shale			
1175 MD	1131 TVD	B Unit			
1198 MD	1152 TVD	B Salt			
1280 MD	1228 TVD	A2 Carbonate			
1409 MD	1346 TVD	Niagaran			
1891 MD	1787 TVD	Clinton			
2029 MD	1915 TVD	Cincinnati			
2299 MD	2164 TVD	Utica			
		SH: DK GRY-GRY-BLKISH GRY, FRM-SFT, MOD-P COMP, SL CALC, N FISS, NFSOC.			
2666 MD	2504 TVD	TRENTON			
		DOL: TAN TRANS BUFF -OPQ WHT-LT TAN, MIC-SCAT CRPTO XLN, HD, NON SUC, NO VIS CARB STN, NFSOC			
3057 MD	2861 TVD	Black River			
		DOL: LT BRN-TAN-BUFF TAN- BRN-OPQ WHT- TRANS TAN, TRANS TAN, MIC-VF XLN, CORSE SPL GOOD XLN FACES SELNITE, NFSOC, NO ODOR NO STN			
			If well was cored, attach core description		
			DRILL STEM TEST DATA		
			LIST ATTACHMENTS		
			Directional Survey Compensate S-Densilog Neutron Log Gamma Ray Log		
			OIL, GAS, AND MINERALS DIVISION USE ONLY		
			Reviewed by		
			Date of review		



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY – OIL, GAS, AND MINERALS DIVISION

RECORD OF WELL COMPLETION

By authority of Part 615 or Part 625 of Act 451 PA 1994, as amended. Non-submission and/or falsification of this information may result in fines and/or imprisonment.

(Submit within 60 days of well completion.)

☒ Part 615 Oil/Gas Well ☐ Part 625 Mineral Well

Permit number/deepening permit no. 61290	API number 21-163-62000-00-00
Type of well (after completion) Dry Hole	
Well name & number Otter 1-19	

Name and address of permittee Savoy Energy, L.P. P.O. Box 1560 Traverse City, MI 49685			
Directionally drilled (check one) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Previous permit numbers	
Total depth of well M.D. 3100 T.V.D. 2900			
Surface location NW ¼ of NE ¼ of NW ¼ Section 30 T 4S R 9E		Subsurface location (if directionally drilled) NW ¼ of SE ¼ of SW ¼ Section 19 T 4S R 9E	
Township Huron		County Wayne	
Footages: North/South 222 Ft. from North line and 1991 Ft. from West line of Sec.		Footages: North/South 787 Ft. from South line and 2010 Ft. from West line of Sec.	
Part 615 - oil/gas wells			
Date well completed N/A	Producing formation(s) N/A	Injection formation(s) N/A	Part 625 - mineral wells
Date of first injection		Disposal formation(s)	Solution formation(s)

COMPLETION INTERVALS(S)

Date	Number holes	Perforation or open hole interval	Open	
			Yes	No
N/A				

STIMULATION BY ACID OR FRACTURING

Date	Interval treated	Materials and amount used
N/A		

PRODUCTION TEST DATA

Oil Bbls/day	Gravity °API	Condensate Bbls/day	Gas MCF/day	Water Bbls/day	H ₂ S Grains/100 ft ³	B.H.P. and depth
N/A	N/A	N/A	N/A	N/A	N/A	N/A

CERTIFICATION "I state that I am authorized by said owner. This report was prepared under my supervision and direction. The facts stated herein are true, accurate and complete to the best of my knowledge."

Name and title (print or type) Jack Rokos, Operations Manager	Signature <i>Jack Rokos, B.S.</i>	Date 4/10/18
------------------------------------------------------------------	--------------------------------------	-----------------

Mail original to the Oil, Gas, and Minerals Division, Michigan Department of Environmental Quality, P.O. Box 30256, Lansing, MI 48909-7756.
Or submit via email to deq-geologicalrecords@michigan.gov.



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - OIL, GAS, AND MINERALS DIVISION

**RECORD OF WELL PLUGGING
OR CHANGE OF WELL STATUS**

Required by authority of Part 615 Supervisor of Wells or
Part 625 Mineral Wells of Act 451 PA 1994, as amended
Non-submission and/or falsification of this information
may result in fines and/or imprisonment.

Permit number 61290	Well name and number Otter 1-19
API number 21-163-62000-00-00	
Name and address of permittee Savoy Energy, L.P. P.O. Box 1560 Traverse City, MI 49685-1560	
Type of well Dry Hole	Field name
Surface location NW 1/4 NE 1/4 NW1/4 Sec 30 T 4S R 9E	
Township Huron	County Wayne
Date plugging/change started 1/23/18	Date plugging/change completed 1/24/18

☒ Part 615 Oil/Gas Well ☒ Plugging
☐ Part 625 Mineral Well ☐ Change of Well Status

Name and address of contractor/service company

Consolidated Drilling Company

P.O. Box 1076

Traverse City, MI 49685

DEQ employee issuing plugging permit or approving Change of Well Status.

Jack Lanigan

Date issued

1/24/18

Any change of well status which results in a change of production or a change in injectivity must include production or injection test records. All records must include a narrative or daily chronology and signed certification noted on reverse.

Any change of well status in which high volume hydraulic fracturing was utilized must include HVHF Operations Water Withdrawal and Usage Report (EQP 7200-25)

WELL PLUGGING
(Hole conditions after plugging)

CASING

Casing size	Where set	Amount casing pulled	Depth casing cut/perfed; or windows milled
16"	40'		
11 3/4"	246'		
8 5/8"	1050'		

PLUGS

Depth of plug Bottom Top		Make and type of bridge or plug	Cement plugs: type, amount of cement & mix water	Additives, type and percent	Volume and types of spacers/flushes	Wait time	Tagged Top? Y/N
60'	Surface	Plug #5	20 sx Class "A"			1	N
400'	150'	Plug #4	80 sx Class "A"			1	N
1150'	920'	Plug #3	100 sx Class "A"	3% CaCl ₂		4	Y
1530'	1330'	Plug #2	60 sx Class "A"			1	N
2970'	2570'	Plug #1	120 sx Class "A"			1	N

☐ Check if NORM or other materials were left or reinserted into wellbore. If so, describe materials fully in the Daily Chronology section on reverse.
☐ Check if cores were taken and attach core descriptions

Mail completed original within 60 days after completion of plugging/change of a Part 615 oil/gas well or within 30 days of a Part 625 mineral well to:

Oil, Gas, and Minerals Division, Michigan Department of Environmental Quality, PO Box 30256, Lansing, MI 48909-7756
Or submit via email to: deq-geologicalrecords@michigan.gov

COMPLETE BOTH SIDES

API number
21-163-62000-00-00

Permit number
61290

CHANGE OF WELL STATUS

Change was to: ☐ Convert current zone to: ☐ Remediate well: ☐ Plugback (recomplete as) ☐ Redrill:

☐ Production ☐ Perf and test existing zone ☐ New production zone ☐ Horizontal drain hole

☐ Disposal ☐ Repair casing/cement ☐ Disposal ☐ Collapsed casing

☐ Secondary recovery ☐ Other ☐ Secondary recovery ☐ Underream open hole

☐ Storage ☐ Storage ☐ Other

☐ Other ☐ Other

Well casing record - BEFORE change

Casing		Cement		Perforations			Acid or fracture treatment record
Size	Depth	Sacks	Type	From	To	If plugged, HOW?	

Well casing record - AFTER change (Indicate additions and changes only, complete test record)

Casing		Cement		Perforations			Acid or fracture treatment record
Size	Depth	Sacks	Type	From	To	If plugged, HOW?	

BEFORE CHANGE

Total depth	Completed Fm	Well completed for	
BOPD	MCFGPD	Inj Rate	Pressure

AFTER CHANGE

Total depth	Completed Fm	Well completed for	
BOPD	MCFGPD	Inj Rate	Pressure

DAILY PRODUCTION TEST RECORD

DAILY INJECTION TEST RECORD ☐ Injection well ☐ Brine disposal

Date	Oil (bbls)	Water (bbls)	Gas (Mcf)	Pressure		Date	Bbls water or Mcf gas	Pressure		Specific gravity of water
				Tubing	Casing			Beginning	Ending	

DAILY CHRONOLOGY

Describe in detail the daily chronology of change/plugging, include days shut down. Describe exceptions to issued plugging instructions. Describe tools, tubing, etc. left in hole and any logs run. Include dates pits filled, surface restored etc. Use additional pages as needed.

Date	Narrative
1/23/18	Circulate hole clean and RU cement trucks. Set plug #1 at 2970', LD drill pipe to 1530. Set Plug #2 @ 1530. LD drill pipe to 1150'.
1/24/18	Wait on cement, set Plug #3 @ 1150', estimate 850', POOH, wait on cement. TIH and tag cement at 920'. LD drill pipe to 400', set Plug #4 @ 400', LD drill pipe to 60' and set Plug #5 @ 60'. ND BOPs, cut off well head 4' below ground level and capped with 1/2" steel plated with permit #61290 on top. Cleaned pits and location.

NOTICE: Under Part 615 Supervisor of Wells or Part 625 Mineral Wells, Act 451 PA 1994, as amended, a well owner has continuing liability for the integrity of a plugged well.

CERTIFICATION "I state that I am authorized by said owner. This report was prepared under my supervision and direction. The facts stated herein are true, accurate and complete to the best of my knowledge."

Name and title (printed or typed)
Jack Rokos, Operation Manager

Authorized signature

Jack Rokos, BSW

Date
4/10/18

NOTE: Bonds cannot be terminated until plugging is completed, cellar, rat and mouse holes, and pits filled, site leveled and cleaned and records filed.



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - OIL, GAS, AND MINERALS DIVISION

APPLICATION TO:

- ☐ CHANGE WELL STATUS OR
☒ PLUG AND ABANDON WELL

Required by authority of Part 615 Supervisor of Wells or Part 625 Mineral Wells, of Act 451 PA 1994, as amended. Non-submission and/or falsification of this information may result in fines and/or imprisonment.

☒ Part 615 Oil or Gas Well☐ Part 625 Mineral Well

Change of well status requested to: ☐ Temporarily abandoned
☐ Plug back ☐ Perforate ☐ Hydraulically fracture
 HF fluid vol. _____ gallons (If gas, give liquid phase vol.)
☐ Yes ☐ No Is High Volume Hydraulic Fracturing expected to be utilized in completion of this well? (HF fluid vol >100,000 gal). If yes, submit Chemical Pre-Disclosure & HVHF EIA forms (EQP 7200-26, EQP 7200-24)
☐ Convert to _____ ☐ Other _____

Last production/injection rate and type of fluid
 NA

Brief description of project
 Plug and abandon

Permit number
 61290

Type of well
 Dry hole

API number
 21-163-62000-00-00

Name and address of permittee
 Savoy Energy LLC
 920 Hastings Street Suite A
 Traverse City, Michigan 48685

Well name and number
 Otter 1-19

Well location
 NW 1/4 of NE 1/4 of NW 1/4 Section 30 T 4 S R 9 E

Township
 Huron County
 Wayne

Date drilling completed
 1/23/18 Date last produced/utilized
 NA

Work to be done by
 Consolidated Starting date
 1/24/18

CASING AND CEMENTING RECORD

Hole dia	Casing dia & wt/ft	Depths set	Cement quantity, type, additives	Cement top	Perforations
	16	40	Driven		
14 3/4	11 3/4" 42#	246	210 sxs Class A	Surface	
10 5/8	8 5/8" 24#	1050	150 sxs lite w/ 3% CaCl ₂ ; 160 Class A w/ 3% CaCl ₂	Surface	
7 7/8		3100	Open hole		

Formation record (formation and depth of top, oil, gas and water shows, etc.):

formation	depth	KB Elev	636.8
		Grd Elev	624.9
BOD	90	TD	3100
		TVD	2920
Trenton	2671		

Detail proposed procedures:

Circulate hole clean and static
 Mix and pump 120 sxs Class A cement at 2970 feet. This 400-foot plug shall extend at least 100 feet into Utica Shale.
 Pull up to 1530 feet, mix and pump 60 sxs Class A cement.
 Pull up to 1150 feet, mix and pump 60 ss Class A cement w/ 3% CaCl₂.
 WOC 4 hours and tag. Top cement must be at or above 950 feet, otherwise add cement.
 Pull up to 400 feet, mix and pump 75 sxs Class A cement.
 Pull up to 60 feet and cement to within 5 feet of surface with 20 sxs Class A cement.
 Cut off all casings at least 4 feet below grade. Weld steel plate across casings and inscribe permit number. Restore location.

Name/signature (authorized representative):

Date:

OIL, GAS, AND MINERALS DIVISION USE ONLY

DEQ additional requirements:

Notify Area Geologist, Jack Lanigan, at 248-763-5917 at least 48 hours before moving in equipment to plug well.

☐ Yes ☐ No ☒ Not applicable Production tests to commence within 10 days of completion and to be filed

☐ Yes ☒ No Service company records are to be filed

Approved by DEQ:

Office:

SE Michigan

Approval date:

1/24/18

Termination Date:

12/31/18

Mail original to District Office for department approval

Note: A Record of Well Plugging or Change of Well status (EQP 7200-8) and any requested service company records are to be filed within 60 days of completion in Lansing at: Oil, Gas, and Minerals Division, Michigan Dept of Environmental Quality, PO Box 30256, Lansing, MI 48909-7756

Or submit via email to: deq-geologicalrecords@michigan.gov

EQP 7200-6 (rev. 2/2017) side 1

Well Records, Water Wells within Area of Review

JUL 24 1975

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County **Wayne** Township Name **Sumpter** Fraction **N 1/4 Sec 36 T 4 N R 5 E** Section Number **36** Town Number **4** Range Number **5** E/W.

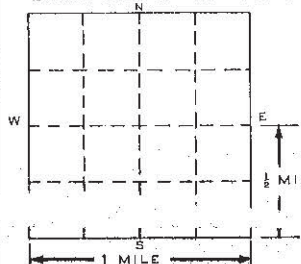
Distance And Direction from Road Intersections

27910 Carleton-West Rd.

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



3 OWNER OF WELL:

John Stepzinski
Address **2204 Drexel**
Dearborn, Michigan 48128

4 WELL DEPTH: (completed) Date of Completion

67 ft. **7-21-75**

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well

7 CASING: Threaded ☐ Welded ☒ Height: Above **XXXX**
Diam. Surface **1** ft.

4 in. to **57** ft. Depth Weight **14.62** lbs./ft.
in. to ft. Depth Drive Shoe? Yes ☐ No ☒

8 SCREEN:

Type: **NONE** Dia.: _____
Slot/Gauze _____ Length _____
Set between _____ ft. and _____ ft.
Rittings: _____

9 STATIC WATER LEVEL

8 ft. below land surface

10 PUMPING LEVEL below land surface

40 ft. after **2** hrs. pumping **15** g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____
Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit
☒ Pitless Adapter ☒ 12" Above Grade

13 Well Grouted? ☒ Yes ☐ No
☐ Neat Cement ☒ Bentonite ☐ _____
Depth: From **0** ft. to **57** ft.

14 Nearest Source of possible contamination
60 feet **E** Direction **Sept.** Type
Well disinfected upon completion ☒ Yes ☐ No

15 PUMP: ☐ Not installed
Manufacturer's Name **Gould**
Model Number **10-EJ** HP **1 1/3** Volts **115**
Length of Drop Pipe **55** ft. capacity **10** G.P.M.
Type: ☒ Submersible ☐ Jet ☐ Reciprocating

2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM**Mixed fill dirt****3****3****Yellow Clay - Hard****3****6****Blue Clay - Stoney****45****51****Broken Lime - Hard****3****54****Lime Stone - Med.Hard****13****67**

ADDED INFO BY DRILLER, ITEM NO.

*CORRECTED BY

**ADDITION BY

ELEVATION

DEPTH TO ROCK

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

Permit # 4438

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true
to the best of my knowledge and belief.

Chas. Oehring Drilling
REGISTERED BUSINESS NAME

0003

REGISTRATION NO.

Address **P.O. Box 242 Flat Rock, MI**

Signed

Charles Oehring
AUTHORIZED REPRESENTATIVE

Date

7-21-75

Water Well And Pump Record

Completion is required under authority of Part 127 Act 368 PA 1978.



Import ID: 82747836001

Failure to comply is a misdemeanor.

Tax No: 81142990002000		Permit No:		County: Wayne		Township: Sumpter	
<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">Well ID: 82000001576</div> <div> Elevation: 626 ft. Latitude: 42.1003711219 Longitude: -83.4309755071 Method of Collection: Interpolation-Map </div>				Town/Range: 04S 08E	Section: 36	Well Status:	WSSN:
				Source ID/Well No:			
				Distance and Direction from Road Intersection: 580' S OF ARKONA WEST SIDE OF CARLETON WEST			
				Well Owner: JOHN STEPZINSKI			
				Well Address: 27910 CARLETON WEST SUMPTER TWP., MI		Owner Address: 2204 DREXEL DEARBORN, MI 48128	

Drilling Method: Rotary Well Depth: 67.00 ft. Well Type: New	Well Use: Household Date Completed: 7/21/1975	Pump Installed: Yes Pump Installation Date: Manufacturer: Goulds Model Number: Drop Pipe Length: 55.00 ft. Drop Pipe Diameter: Draw Down Seal Used: No	Pump Installation Only: No HP: Pump Type: Submersible Pump Capacity: 0 GPM Pump Voltage: Drilling Record ID:
Casing Type: Unknown Casing Joint: Welded Casing Fitting: None Diameter: 4.00 in. to 57.00 ft. depth Borehole: 0.00 in. to 57.00 ft. depth		Height: Pressure Tank Installed: No Pressure Relief Valve Installed: No	

Static Water Level: 8.00 ft. Below Grade Well Yield Test: Yield Test Method: Unknown Pumping level 40.00 ft. after 2.00 hrs. at 15 GPM				Formation Description	Thickness	Depth to Bottom
				Topsoil Fill	3.00	3.00
				Yellow Clay Hard	3.00	6.00
				Blue Clay Stoney	45.00	51.00
Screen Installed: No Intake: Unknown				Limestone Broken	3.00	54.00
				Limestone Hard	13.00	67.00
Well Grouted: Yes Grouting Method: Unknown						
Grouting Material	Bags	Additives	Depth			

Bentonite slurry	0.00	None	0.00 ft. to 57.00 ft.	Geology Remarks:
Wellhead Completion: Pitless adapter				

Nearest Source of Possible Contamination:			Drilling Machine Operator Name:
Type	Distance	Direction	Employment: Unknown
Septic tank	0 ft.	East	
			Contractor Type: Unknown Reg No: 58-0003
			Business Name:
			Business Address:
			Water Well Contractor's Certification
			This well was drilled under my supervision and this report is true to the best of my knowledge and belief.
			Signature of Registered Contractor
			Date

General Remarks: WELL HEAD ALSO 12" ABOVE GRADE
Other Remarks:

SEP 15 1978

WATER WELL RECORD
ACT 294 PA 1966MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County Monroe	Township Name Exeter	Fraction SE 1/4 NE 1/4	Section Number 1	Town Number N/S	Range Number 8 E/W
-------------------------	--------------------------------	----------------------------------	----------------------------	---------------------------	------------------------------

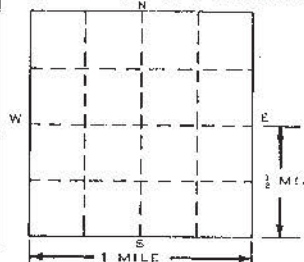
Distance And Direction from Road Intersections

14455 Exiter Rd.

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM**Yellow Clay****10****10****Blue Clay Hard****20****30****Lime Stone Hard****9****39**

3 OWNER OF WELL:

Ron RieurAddress **14455 Exeter
Carleton, Michigan 48117**

4 WELL DEPTH: (completed) Date of Completion

39 ft. **8-30-78**

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐ Height: Above **1** ft.Diam. **5** in. to **30** ft. DepthSurface **PVC** lbs./ft.Weight **PVC** lbs./ft.Drive Shoe? Yes ☐ No ☒

8 SCREEN:

NONE

Type: _____ Dia.: _____

Slot/Gauze _____ Length _____

Set between _____ ft. and _____ ft.

Fittings: _____

9 STATIC WATER LEVEL

8 ft. below land surface

10 PUMPING LEVEL below land surface

26 ft. after **2** hrs. pumping **10** g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____ Other _____

12 WELL HEAD COMPLETION:

☐ In Approved Pit☒ Pitless Adapter ☒ 12" Above Grade13 Well Grouted? ☒ Yes ☐ No☒ Neat Cement ☐ Bentonite ☐Depth: From **0** ft. to **26** ft.

14 Nearest Source of possible contamination

57 feet **W** Direction **Sept** TypeWell disinfected upon completion ☐ Yes ☒ No

15 PUMP:

☐ Not installedManufacturer's Name **Aermotor**Model Number **SD 8-50** HP **1/2** Volts **115**Length of Drop Pipe **36** ft. capacity **10** G.P.M.Type: ☒ Submersible☐ Jet ☐ Reciprocating

16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, ITEM NO.

*CORRECTED BY **PS**

**ADDITION BY

ELEVATION

DEPTH TO ROCK

USE A 2ND SHEET IF NEEDED

RECEIVED

SEP 11 1978

MONROE COUNTY
HEALTH DEPT.

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Chas. Oehring Drilling**0003**

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address **Flat Rock, Michigan 48134**Signed **Charles Oehring** Date **8-31-78**

AUTHORIZED REPRESENTATIVE



Water Well And Pump Record



Completion is required under authority of Part 127 Act 368 PA 1978.

Failure to comply is a misdemeanor.

Import ID: 58757801001

Tax No: 580600100330	Permit No:	County: Monroe	Township: Exeter			
Well ID: 580000000804 Elevation: 623 ft. Latitude: 42.0837308371 Longitude: -83.4212212978 Method of Collection: Interpolation-Map		Town/Range: 05S 08E	Section: 1	Well Status:	WSSN:	Source ID/Well No:
		Distance and Direction from Road Intersection:				
		Well Owner:				
		Well Address: 14455 EXETER CARLETON, MI 48117		Owner Address: 14455 EXETER CARLETON, MI 48117		

Drilling Method: Rotary Well Depth: 39.00 ft. Well Type: New	Well Use: Household Date Completed: 8/30/1978	Pump Installed: Yes Pump Installation Date: Manufacturer: Aermotor	Pump Installation Only: No HP: Pump Type: Submersible Pump Capacity: 0 GPM Pump Voltage: Drilling Record ID:
Casing Type: PVC plastic Casing Joint: Unknown Casing Fitting: None	Height:	Model Number: Drop Pipe Length: 36.00 ft. Drop Pipe Diameter: Draw Down Seal Used: No	

Diameter: 5.00 in. to 30.00 ft. depth Borehole:	Pressure Tank Installed: No Pressure Relief Valve Installed: No
----------------------------------------------------------------------	----------------------------------------------------------------------------------

Static Water Level: 8.00 ft. Below Grade Well Yield Test: Pumping level 26.00 ft. after 2.00 hrs. at 10 GPM	Yield Test Method: Unknown	<table border="1"><thead><tr><th>Formation Description</th><th>Thickness</th><th>Depth to Bottom</th></tr></thead><tbody><tr><td>Yellow Clay</td><td>10.00</td><td>10.00</td></tr><tr><td>Blue Clay Hard</td><td>20.00</td><td>30.00</td></tr><tr><td>Limestone Hard</td><td>9.00</td><td>39.00</td></tr></tbody></table>	Formation Description	Thickness	Depth to Bottom	Yellow Clay	10.00	10.00	Blue Clay Hard	20.00	30.00	Limestone Hard	9.00	39.00
Formation Description	Thickness	Depth to Bottom												
Yellow Clay	10.00	10.00												
Blue Clay Hard	20.00	30.00												
Limestone Hard	9.00	39.00												

Screen Installed: No Intake: Unknown	
-------------------------------------------------------	--

Well Grouted: Yes Grouting Material: Other	Grouting Method: Unknown Bags: 0.00 Additives: None Depth: 0.00 ft. to 26.00 ft.	Geology Remarks:
-------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------	-------------------------

Wellhead Completion: Pitless adapter

Nearest Source of Possible Contamination: Type: Septic tank Distance: 57 ft. Direction: West	Drilling Machine Operator Name: CHARLES OEHRING Employment: Unknown
-----------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

	Contractor Type: Unknown Business Name: Business Address:	Reg No: 58-0003
	Water Well Contractor's Certification This well was drilled under my supervision and this report is true to the best of my knowledge and belief.	
	Signature of Registered Contractor	Date

General Remarks:
Other Remarks: Grouting Material 1: Listed as other in Wellkey

Water Well And Pump Record

Completion is required under authority of Part 127 Act 368 PA 1978.

Failure to comply is a misdemeanor.



Import ID: 58757801004

Tax No: 580600101000		Permit No:		County: Monroe			Township: Exeter		
Well ID: 58000000807				Town/Range:	Section:	Well Status:	WSSN:	Source ID/Well No:	
				05S 08E	1				
				Distance and Direction from Road Intersection:					
Elevation: 626 ft.				Well Owner:					
Latitude: 42.0819140232				Well Address:			Owner Address:		
Longitude: -83.4322220687				14475 CARLETON WEST			14475 CARLETON WEST		
Method of Collection: Interpolation-Map				CARLETON, MI 48117			CARLETON, MI 48117		

Drilling Method: Rotary Well Depth: 67.00 ft. Well Type: New	Well Use: Household Date Completed: 12/16/1986	Pump Installed: Yes Pump Installation Date: Manufacturer: Grundfos Model Number: Drop Pipe Length: 40.00 ft. Drop Pipe Diameter: Draw Down Seal Used: No	Pump Installation Only: No HP: Pump Type: Submersible Pump Capacity: 0 GPM Pump Voltage: Drilling Record ID:
Casing Type: Steel - black Casing Joint: Unknown Casing Fitting: Drive shoe Diameter: 5.00 in. to 35.00 ft. depth Borehole: 7.38 in. to 31.00 ft. depth		Height: 	

Static Water Level: 8.00 ft. Below Grade Well Yield Test: Pumping level 35.00 ft. after 2.00 hrs. at 20 GPM Yield Test Method: Unknown				Formation Description	Thickness	Depth to Bottom
				Sand	2.00	2.00
				Yellow Clay	7.00	9.00
				Blue Clay	22.00	31.00
Screen Installed: No Intake: Unknown				Limestone	36.00	67.00
Well Grouted: Yes Grouting Method: Unknown Grouting Material Bags Additives Depth						

Other	0.00	None	4.00 ft. to 35.00 ft.	Geology Remarks:
Wellhead Completion: Pitless adapter				

Nearest Source of Possible Contamination:			Drilling Machine Operator Name: CHARLES OEHRING
Type	Distance	Direction	Employment: Unknown
Septic tank	120 ft.	Southeast	
			Contractor Type: Unknown Reg No: 58-0003
			Business Name:
			Business Address:
			Water Well Contractor's Certification
			This well was drilled under my supervision and this report is true to the best of my knowledge and belief.
			Signature of Registered Contractor Date

General Remarks:
Other Remarks: Grouting Material 1: Listed as other in Wellkey



Water Well And Pump Record



Completion is required under authority of Part 127 Act 368 PA 1978.

Failure to comply is a misdemeanor.

Import ID: 58757906002

Tax No: 580100600700	Permit No:	County: Monroe	Township: Ash			
Well ID: 58000001232 Elevation: 619 ft. Latitude: 42.0931498011 Longitude: -83.4166410795 Method of Collection: Interpolation-Map		Town/Range: 05S 09E	Section: 6	Well Status:	WSSN:	Source ID/Well No:
		Distance and Direction from Road Intersection:				
		Well Owner:				
		Well Address: 2315 OAKVILLE WALTZ NEW BOSTON, MI		Owner Address: 2315 OAKVILLE WALTZ NEW BOSTON,		

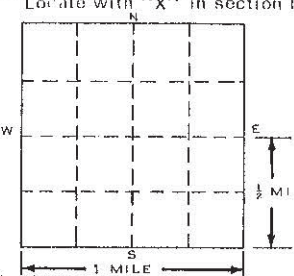
Drilling Method: Auger/Bored Well Depth: 20.00 ft. Well Type: New Casing Type: Unknown Casing Joint: Unknown Casing Fitting: Drive shoe Diameter: Borehole:				Pump Installed: No Pressure Tank Installed: No Pressure Relief Valve Installed: No		
Well Use: Unknown Date Completed: 11/1/1966 Height: 0.00 ft. below grade Static Water Level: 999.99 ft. Below Grade Well Yield Test: Yield Test Method: Unknown				Formation Description	Thickness	Depth to Bottom
Screen Installed: No Intake: Unknown				Sand	8.00	8.00
				Clay	12.00	20.00
Well Grouted: Yes Grouting Material: Unknown Grouting Method: Unknown Grouting Material: Unknown Bags: 0.00 Additives: None Depth: 0.00 ft. to 0.00 ft. Wellhead Completion: Unknown				Geology Remarks:		
Wellhead Completion: Unknown						
Nearest Source of Possible Contamination: Type: Unknown Distance: 0 ft. Direction:				Drilling Machine Operator Name: Employment: Unknown		
				Contractor Type: Unknown Reg No:		
				Business Name:		
				Business Address:		
				Water Well Contractor's Certification This well was drilled under my supervision and this report is true to the best of my knowledge and belief.		
General Remarks:				Signature of Registered Contractor		
Other Remarks:				Date		

SEP 20 1974

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		Township Name		Fraction	Section Number	Town Number	Range Number
County Wayne		Sumpter		SW 1/4 SE 1/4 SW 1/4	205	740 N/S.	R8 E/WA
Distance And Direction from Road Intersections 41304 Arkona Road, between Haggerty and Carleton West R.				3 OWNER OF WELL: David E. Meyers Address 41300 Arkona Rd. New Boston, Michigan			
Street address & City of Well Location				4 WELL DEPTH: (completed) Date of Completion 82 ft. 7-30-74			
Locate with "X" in section below				5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>			
Sketch Map: 				6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>			
2 FORMATION				7 CASING: Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Height: Above/ Below Surface 1 ft. Weight 14.62 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 in. to 57 ft. Depth in. to _____ ft. Depth			
Yellow Sand - Soft		10	10	8 SCREEN: NONE Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____			
Blue Clay - Stoney		57	67	9 STATIC WATER LEVEL 36 ft. below land surface			
Clay & Sand Mixed - Soft		7	74	10 PUMPING LEVEL below land surface 41 ft. after 2 hrs. pumping 20 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.			
Lime Stone - Hard		8	82	11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____			
				12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade			
				13 Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 0 ft. to 57 ft.			
				14 Nearest Source of possible contamination 75 feet Direction Sept. Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name Gould Model Number 9-EJ H1/3 Volts 115 Length of Drop Pipe 50 ft. capacity 10 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating			
ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY *ADDITION BY ELEVATION DEPTH TO ROCK							
USE A 2ND SHEET IF NEEDED							
16 Remarks, elevation, source of data, etc. Well & Pump Permit # 4413 <i>J.H.</i>				17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Chas. Oehring Drilling 0003 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. Box 242 Flat Rock, Michigan Signed <i>Charles Oehring</i> Date 7-31-74 AUTHORIZED REPRESENTATIVE			

D67d

100M (Rev. 12-68)

GEOLOGICAL SURVEY COPY

NOV 26 1971

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County

Wayne

Township Name

Sumpter

Fraction

SE 1/4 SE 1/4 SW 1/4

Section Number

25

Town Number

4 N.S.

Range Number

8 E.W.

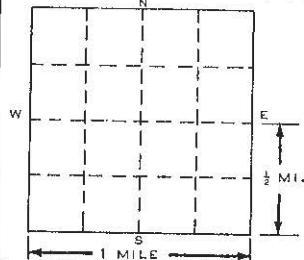
Distance And Direction from Road Intersections

40500 ANKONA
N

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



3 OWNER OF WELL

Address

Robert C. Hamlet
8531 WABERMAN
Romulus Mich 48174

4 WELL DEPTH: (completed) Date of Completion

67 ft. August 18. 71

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Borad ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☒ Welded ☐ Diam.

4 in. to 52 ft. Depth

in. to ft. Depth

Height: Above/Below

Surface ft.

Weight 11 lbs./ft.

Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: None Dia.: _____

Slot/Gauze _____ Length _____

Set between _____ ft. and _____ ft.

Fittings: _____

9 STATIC WATER LEVEL

_____ ft. below land surface

10 PUMPING LEVEL below land surface

50 ft. after 2 hrs. pumping 15 g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit☒ Pitless Adapter ☐ 12" Above Grade13 Well Grouted? ☒ Yes ☐ No☐ Neat Cement ☒ Bentonite ☐

Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

75 feet N Direction Septic Type

Well disinfected upon completion ☒ Yes ☐ No

15 PUMP:

☐ Not installed

Manufacturer's Name Gould

Model Number UFS HP 1/2 Volts 230

Length of Drop Pipe 42 ft. capacity 12 g.p.m.

Type: ☒ Submersible☐ Jet ☐ Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Stosser Drilling Co

0385

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address 1701 W. Mich. 7ps. 1st.

Signed Richard A. Stosser

Date Aug 17. 71

AUTHORIZED REPRESENTATIVE

ADDED INFO. BY DRILLER, ITEM NO.

CORRECTED BY

ADDITION BY

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County Monroe Twp. Eyster Fraction NE 1/4 NW 1/4 Section No. 2 Town 5 Range 8 E 1/4 **

Distance And Direction from Road Intersections 1/2 mile E of Marquetteville

Street address & City of Well Location 4599 Oakville-Waltz Rd Carleton Mich. OWNER No. 3308

2 FORMATION

9' Sand. 9'

12' clay. 12' 21

3 OWNER OF WELL: Charles Trout

Address 4599 Oakville-Waltz Rd

Carleton Mich 48117

4 WELL DEPTH: (completed) 21 ft. 11-26-68 Date of Completion

5 ☐ Cable tool ☐ Rotary ☐ Driven ☒ Dug

☐ Hollow rod ☐ Jetted ☐ Bored

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry

☐ Irrigation ☐ Air Conditioning ☐ Commercial

☐ Test Well ☐

7 CASING: ☒ Threaded ☐ Welded ☐ Height: Above/Below surface 23 ft.

36 in. to 36 ft. Depth

36 in. to 36 ft. Depth

Weight 36 lbs/ft.

Drive Shoe? Yes ☐ No ☒

8 SCREEN:

Type: 36 Dia: 36

Slot/Gauze 36 Length 36

Set between 36 ft. and 36 ft.

Fittings: 36

9 STATIC WATER LEVEL 9P ft. below land surface

10 PUMPING LEVEL below land surface

36 ft. after 36 hrs. pumping 36 g.p.m.

36 ft. after 36 hrs. pumping 36 g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) 36 Chlorides (Cl) 36

Hardness 36

12 WELL HEAD COMPLETION: ☐ In Approved Pit

☐ Pitless Adapter ☐ 12" Above Grade

13 GROUTING:

Well Grouted? ☐ Yes ☐ No

Material: ☐ Neat Cement ☐

Depth: From 36 ft. to 36 ft.

14 SANITARY:

Nearest Source of possible contamination 100 feet 5 Direction Septic Type Septic

Well disinfected upon completion ☐ Yes ☐ No

15 PUMP:

Manufacturer's Name I did not install.

Model Number 36 HP

Length of Drop Pipe 36 ft. capacity 36 G.P.M.

Type: ☐ Submersible ☐

☐ Jet ☐ Reciprocating

ADDED INFO. BY DRILLER, ITEM NO.

*CORRECTED BY

**ADDITION BY

16 Remarks, elevation, source of data, etc.

Permitt no -

3308

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Paul J. Schneider 0710

REGISTERED BUSINESS NAME REGISTRATION NO.

Address 28771 Maynard Springs

New Boston Date 11-25-68

Signed Paul J. Schneider AUTHORIZED REPRESENTATIVE

PERMIT NUMBER: 95-623

AUTHORITY: Act 368 PA 1978 COMPLETION: Required PENALTY: Conviction of a violation of any provision is a misdemeanor

MAR 21 1974

WATER WELL RECORD

ACT 284 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County monroTownship Name ashFraction 1/2Section Number 6Town Number 5 N.S.Range Number 9 E.W.

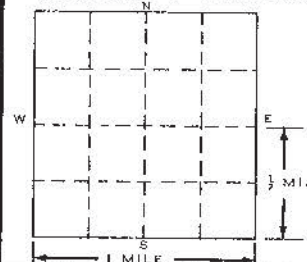
Distance And Direction from Road Intersections

1/2 mile north of newburg
at 14656 Exeter Rd.

Street address City of Well Location

Locality with "X" in section below

Sketch Map:



2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

Black soil
yellow clay
Blue clay

1' 1'
8' 9'
11' 20'

3 OWNER OF WELL:

Address

14656 Exeter Rd.
newburg mich.

4 WELL DEPTH: (completed) Date of Completion

20 ft. Sept 20-70

☐ Cable tool ☐ Rotary ☐ Driven ☒ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry
☐ Irrigation ☐ Air Conditioning ☐ Commercial
☐ Test Well ☐

7 CASING: Threaded ☐ Welded ☐

Height: Above/Below

Diam. 42 in. to 22 ft.Weight 22 lbs./ft.Drive Shoe? Yes ☐ No ☐

8 SCREEN:

Type: _____ Dia: _____

Slot/Gauze _____ Length _____

Set between _____ ft. and _____ ft.

Fittings: _____

9 STATIC WATER LEVEL

_____ ft. below land surface

10 PUMPING LEVEL below land surface

_____ ft. after _____ hrs. pumping _____ g.p.m.

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Iron (Fe) _____ Chlorides (Cl) _____

Hardness _____ Other _____

12 WELL HEAD COMPLETION: ☐ In Approved Pit☐ Pitless Adapter ☐ 12" Above Grade13 Well Grouted? ☐ Yes ☐ No☐ Neat Cement ☐ Bentonite ☐

Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

100 feet W Direction West Type _____Well disinfected upon completion ☐ Yes ☐ No

15 PUMP:

☒ Not installed

Manufacturer's Name _____

Model Number _____ HP _____ Volts _____

Length of Drop Pipe _____ ft. capacity _____ G.P.M.

Type: ☐ Submersible☐ Jet☐ Reciprocating

ADDED INFO BY DRILLER, ITEM NO.

*CORRECTED BY CP

**ADDITION BY

ELEVATION

DEPTH TO ROCK

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

Permitting
4044

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

REGISTERED BUSINESS NAME Ralph SchneiderREGISTRATION NO. 0710Address 327 Highland WyndlochSignature Ralph SchneiderDate Sept 20-70